

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
NOTICE OF TERMINATION OR TRANSFER**

DEPARTMENTAL HUMAN RESOURCES MANAGER

Employee Name

Employee Number

Position/Payroll Title

Effective Date of Termination or Transfer

Pay Location

A. ☐ I am terminating County service and my position/payroll title of:

My reason for leaving is (*check appropriate box*):

☐ Resigning from County service for the following reason(s):

☐ Retiring from County Service:

Date I notified the LACERA Retirement Board: _____

I understand that payment for all time worked and benefits due me will be paid to me in one lump sum payment. This lump sum payment will be taxed as supplemental income.

My last day of work will be (*Date*): _____

I request that my final paycheck be ☐ mailed to the address below, ☐ held for me to pick up at the Human Resources Bureau Payroll Unit, ☐ other (specify): _____

B. ☐ I am transferring to (*County Department Name*) _____

Beginning Date at New Department

Position/Payroll Title

NOTE: If you are on a Statement of Economic Interest (SEI) position, you must complete the Leaving SEI Form 700. For an explanation of this requirement click on the following link
<http://dmhhqportal1/sites/HR/Documents/SEI/SEI%20Termination%20Package%20Sheet%202012.pdf>

EMPLOYEE SIGNATURE: _____

Date

Mailing Address:

Contact phone No.: _____

Email Address: _____

Signature of Supervisor: _____

Date

Supervisor Name (Print): _____